

HFS 46.09 Additional requirements for infant and toddler care.

(1) APPLICABILITY AND GENERAL REQUIREMENTS.

(a) Group child care centers providing care and supervision to infants and toddlers shall comply with the additional requirements of this section.

(am) Prior to admission, an interview shall be conducted with a child's parent or guardian to obtain written information which will aid child care workers in individualizing the program of care for the child. Information shall include all of the following:

1. Schedule of meals and feeding.
2. Types of food introduced and timetable for new foods.
3. Toileting and diapering procedures.
4. Sleep and nap schedule.
5. The child's way of communicating and being comforted.
6. Developmental and health history.

Note: The licensee may use the Department's form CFS-0061, Child Care Intake for Child Under 2 Years, or the licensee's own form to record information for individualizing the program of care for each child. Information on how to obtain the Department's form is in Appendix E.

Special emphasis is given to changes in sleeping/nap patterns, dietary needs, i.e., new foods, cup, utensils or self-feeding skills introduced and introduction of toilet training when age appropriate.

(b) Admission information for an infant or toddler shall be on file in the room or area to which the child is assigned and shall be known to the child care worker.

(c) Child care workers shall document changes in a child's development and routines every 3 months based on discussion with the parent.

Any documented system used by an infant/toddler program which assures an exchange of information between child care workers and parents at intervals no greater than 3 months is acceptable as meeting the intent of this rule.

(d) An infant or toddler shall be assigned to a specific self-contained room or area with a regularly assigned child care worker and may not be transferred to another group or room in order to adjust group sizes or staff-to-child ratios, except:

1. During opening and closing hours.

When groups of children are combined, older children may be transferred to the infant or toddler room with the appropriate play equipment.

2. When the number of children in care is one or 2 children to one child care worker.

For children under 2 years of age, the maximum group size is 8. When the number of children in a group size of 8 is reduced to one or 2 or the number of children who arrive/attend does not exceed one or 2 children, children may be transferred to another group.

46.09(1)(d)2. continued

When the space in a room will accommodate a maximum of 4 children (1:4) in that room, children may be transferred to another group/room when the number of children in care is one or two. The rule refers to 2 children in a potential group size of 8, not 2 children assigned to the second child care worker.

(e) The regularly assigned child care teacher and assistant child care teacher for each group of infants and toddlers shall have a minimum of 10 hours of training in infant and toddler care approved by the department within 6 months after assuming the position. If the training is not part of the required entry-level training under s. HFS 46.05(1)(d) or (e), it shall be obtained through continuing education.

(f) Infants and toddlers are restricted to first floors and ground floors having direct grade-level exits unless the building is in compliance with all applicable building codes that permit children to be cared for on other levels. The building inspection report on file with the licensing office shall indicate that children under 2 years of age may be cared for on other levels of the center.

(g) Safety gates shall be provided at open stairways.

Safety gates should be installed at the bottom and/or top of stairs, depending on where children are. Gates may be installed a maximum of 18" from the bottom step or about 3 steps up taking into consideration the landing surface.

(h) The space occupied by permanently erected cribs shall be deducted in determining the 35 square feet space requirement under s. HFS 46.06(7)(a) for each child.

Space for all cribs (including play pens and portable cribs or pack and plays) must be deducted in determining the 35 square foot requirement. Centers may take the cribs down for additional room when not in use, but this will not increase the space available in determining capacity. See HFS 46.06(7)(a).

(i) The number of children under one year of age admitted at any one time may not exceed the number of cribs and playpens.

(j) Cribs and playpens shall contain a tight fitting mattress and any mattress covering shall fit snugly over the mattress. Water beds may not be used by children under age 2.

(k) Sheets or blankets used to cover the child shall be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.

Swaddling of infants is permitted.

(L) Children under one year of age may not sleep in a crib or playpen that contains soft materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.

(2) DAILY PROGRAM.

(a) Child care workers shall respond promptly to a crying child's needs.

(b) Each infant and each toddler shall be allowed to form and follow his or her own pattern of sleeping and waking.

46.09(2)(b) continued

Priority shall be given to the individual eating and sleep needs of the child. Meals should be served in relation to the child's sleeping schedule rather than the schedule of the center. There shall be no specifically scheduled nap time for all infants as a group. As children begin to mature, a child's schedule will be changed to slowly eliminate the a.m. nap and slowly integrate the child into the center schedule.

(bm) Each child under one year of age shall be placed to sleep on his or her back in a crib unless otherwise specified in writing by the child's physician. The child shall be allowed to assume the position most comfortable to him or her when able to roll over unassisted.

Children under age 1 must be placed to sleep on their backs in a crib unless the child's physician has authorized another position. If a child falls asleep in a swing or car seat, the child must be removed from the swing or car seat and placed to sleep on his or her back in a crib. See HFS 46.07(4)(b).

(c) Emphasis in activities shall be given to play as a learning and growth experience.

The center shall individualize the program of care for each child in order to respond to the child's developmental rhythms and the parent's schedule.

Teacher-directed group learning activities is an inappropriate developmental learning technique for infants and toddlers.

Examples of appropriate activities are: peek-a-boo and other object permanence games; pat-a-cake and other imitation games; cause and effect activities; stimulating sensory and body feelings through touching, cuddling, rocking etc.; finger games for finger and hand control; creating barriers for crawling under and over; practical life experiences.

(d) Throughout the day each infant and each toddler shall receive physical contact and attention such as being held, rocked, talked to, sung to and taken on walks inside and outside the center.

(e) Routines relating to activities such as taking a nap, eating, diapering and toileting shall be used as occasions for language development and other learning experiences.

(f) When a non-mobile child is awake, the child care worker shall change the child's body position and location in the room periodically. Non-mobile children who are awake shall be placed on their stomach occasionally throughout the day.

The child's location in the room should be changed from one area of the room to another to ensure differing views of the room and the people, children and objects in it. The awake non-mobile child should be changed from back to front position or vice versa or changed from prone to propped up position in an infant seat.

(g) The non-walking child who can creep or crawl shall be given opportunities during each day to move freely by creeping and crawling in a safe, clean, open, warm and uncluttered area.

(h) Child care workers shall encourage infants and toddlers to play with a wide variety of safe toys and objects.

46.09(2)(h) continued

Infant/toddler rooms are to be equipped with play equipment according to the developmental level of the children in that room, using the formula outlined in HFS 46.07(3). Since children under 2 years of age are not always able to select their own playthings from shelving, this equipment should be made available to them for play. Play equipment may be commercially made, homemade or found articles such as cans, pots with covers, etc. or a combination of these. A listing of equipment is available from the Child Care Information Center.

(i) Infants and toddlers shall be taken outdoors for part of each day except during inclement weather or when this is not advisable for health reasons.

Center provided and maintained selection of warm outer garments is recommended for children whose parents do not provide appropriate clothing for out-of-doors.

There is no definite set of guidelines that would prevent a child from going outside for health reasons. A child who is too ill to go outside is too ill to be in attendance at the center. Center policies should reflect what would prohibit a child from going outside for health reasons (i.e., a verbal or written request by a parent or a written statement by a medical professional). See HFS 46.07(1)(e)4

(j) Equipment shall be provided to take infants and toddlers out of doors for a walk.

(k) An adult-size rocking chair or other adult-size chair shall be provided for each child care worker for the purpose of holding and rocking children.

(3) FEEDING.

(a) Child care workers shall do all of the following:

1. Feed each infant and each toddler on the child's own feeding schedule.
2. Ensure that food and formula brought from home are labeled with the child's name and dated, and are refrigerated if required.
3. Ensure that formula prepared by the center is of the commercial, iron-enriched type and mixed according to the manufacturer's directions.
4. Except as provided in subd. 6., provide formula or breast milk to all children under 12 months of age.
6. Provide a type of milk other than a type under subd. 4., or a milk substitute, only on the written direction of the child's physician.
7. Discard leftover milk or formula after each feeding and rinse bottles after use.

Discard formula remaining in a bottle after a feeding. The mixture of formula with saliva provides an ideal breeding ground for disease-causing microorganisms. Do not reheat a bottle once the feeding has begun or feed an infant a bottle left out of the refrigerator for more than 2 hours.

8. Offer drinking water to infants and toddlers several times daily.
9. Hold a child unable to hold a bottle whenever a bottle is given. Bottles may not be propped.
10. Cover, date and refrigerate commercial baby food containers which are opened and foods prepared in the center which are stored. If not used within 36 hours, leftover food shall be discarded.

46.09(3)(a)11.

11. Hold or place a child too young to sit in a high chair in an infant seat during feeding. Wide-based high chairs, hook-on chairs or infant seats with safety straps shall be provided for children who are not developmentally able to sit at tables and chairs.

This requirement for a safety strap is intended to prevent a child from standing up in the high chair and falling out and to prevent a child from slipping down and under the tray. At a minimum, the safety strap should be a T shape for all seats. Please note that the high chair, feeding table or seat is not to be used as a form of punishment or a method to restrict activity; the child is only to use the chair for meal/snack times or planned activities.

12. Encourage children to experiment with self-feeding with their hands and spoons. Eating utensils and cups shall be scaled to the size and developmental level of the children.

13. Offer a variety of nourishing foods to each child, such as cereal, vegetables, fruit, egg yolks and meat, according to the child's developmental level and the parent's feeding schedule.

14. Refrain from feeding a child directly from commercial food containers.

15. Refrain from heating breast milk in a microwave oven.

(b) Procedures for heating infant formula, milk and food in a microwave oven shall be posted near the microwave oven. Child care workers shall follow the posted procedures for heating food, milk and formula.

See Appendix L Suggested Procedure for Microwave Heating of Refrigerated Infant Formula.

(4) DIAPERING AND TOILETING.

(a) Child care workers shall do all of the following:

1. Plan toilet training in cooperation with the parent so that a child's toilet routine is consistent between the center and the child's home, except that no routine attempts may be made to toilet train a child under 18 months of age.

2. Change wet or soiled diapers and clothing promptly.

3. Change each child on an easily cleanable surface which is cleaned with soap and water and a disinfectant solution after each use with a chlorine bleach solution of one tablespoon bleach to one quart of water, made fresh daily.

Disinfecting is a 2-step process. First soap and water to rid the surface of any organic material and then the disinfectant is to be used.

Quaternary Ammonia is also commonly used in health care settings as a surface disinfectant and will be acceptable as an alternative to bleach if the product has an EPA seal of approval (EPA registration number) without a formal exception required.

You will not see QUATERNARY ammonia listed on the label. What you will see is the name of the quaternary ammonia compound itself. Any of the compounds below are acceptable.

- Benzalkonium chloride
- Dimethyl benzyl ammonium chloride
- Dodecyl dimethyl ammonium chloride

46.09(4)(a)3. continued

Disinfectants that are used in hospitals and nursing homes may also be used. However, the center must have a letter from the health facility indicating the health facility is using the product as a disinfectant.

All products must be used in a two-step procedure. First soap and water to rid the surface of any organic material and then the disinfectant is to be used. Products containing both a cleaner and a bleach or quaternary ammonia, such as Clorox cleanup products, must be applied using the 2-step process.

The above products are disinfectants and not sanitizers.

Per DPH, when visible blood or other potentially infectious material is present, a disinfectant registered as tuberculoidal by the EPA (such as a bleach solution) must be used to comply with the OSHA bloodborne pathogen standards.

See HFS 46.06(9)(b)3.c.

See Appendix O for sanitizer/disinfectant explanations.

4. If the diapering surface is above floor level, provide a barrier or restraint to prevent falling. A child may not be left unattended on the diapering surface.

5. Place disposable soiled diapers and gloves, if used, in a plastic-lined, foot-activated, covered container immediately.

Soiled disposable diapers are to be placed immediately into a plastic-lined and covered container to minimize the spread of airborne bacteria commonly found in urine and fecal material.

Staff hands and gloves become contaminated with bacteria during the diaper changing process. A foot activated container allows for the immediate deposit of the soiled diaper without the use of staff hands. If hands are used to open the lid the lid becomes contaminated. Bacteria can be spread if young children and other staff members later touch the contaminated lid.

6. Place parent-supplied soiled cloth diapers in labeled plastic bags which are kept separate from other clothing.

The Center for Disease Control and the American Academy of Pediatrics both recommend that soiled cloth diapers and training pants should never be rinsed. The fecal contents may be placed in the toilet, but diapers and training pants should not be rinsed in the toilet.

Diaper wraps used in place of rubber pants with cloth diapers do not need to be changed after every use unless they are soiled. It is recommended that the label of the diaper wrap be reviewed for the recommended changing frequency.

7. Place center-supplied soiled cloth diapers in a plastic-lined, covered container for washing by a commercial diaper service.

8. Remove soiled diapers from containers as needed but at least daily for washing or disposal. Containers shall be washed and disinfected daily.

9. Wash hands with soap and running water before and after each diapering or assistance with toileting routines. For children under one year, hands may be washed with soap and a fabric or paper washcloth.

46.09(4)(a)10.

10. Apply lotions, powders or salves to a child during diapering only at the specific written direction of the child's parent or the child's physician. The directions shall be recorded and posted in the diapering area.

11. Wash the child's diaper area before each diapering with a disposable or fabric towel used only once.

(b) Each self-contained classroom or area serving infants or toddlers who are diapered shall have a sink with hot and cold running water which is not used for food preparation or dishwashing within the room or area.

(c) There shall be a solid barrier between the diapering area and any food preparation area.

<i>The recommended height for a barrier is 8 inches or a distance barrier of 18 inches according to the American Academy of Pediatrics.</i>

(d) There shall be a supply of dry and clean clothing and diapers sufficient to meet the needs of all the children at the center.